

[REDACTED]

Request For Transfer of Funds

Reference: MOBILE CLINICS IN COORDINATION W/ UPMRC
Project#: 98827

08/14/01

Bank One
1505 E. Beltline Rd.

Dear Manager:

Please Complete the following transfer of funds no later than 08/14/01

Amount: \$7,000.00

Tot. [REDACTED]

From: The Holy Land Foundation For Relief & Development
Account# 1070001258

To: HOLY LAND FOUNDATION
Account #: 41914 T/R:
Bank Name: PALESTINE INVESTMENT BANK
Remarks: CHASE MANHATTAN BANK -NEW YORK
ARAB JORDAN INVESTMENT BANK
AMMAN JORDAN CHIPS ID 136008
SWIFT AJIBJOAX
Branch: BEERAH - RAMALLAH
Country: ISRAEL

Thank You.

Sincerely,



Ghassan El-Ashi OR
Chairman



Shukri A. Baker
President, CEO